DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Corrected

Facility Information

Facility Name: PINE CREST (0011020)

Address: 18966 CHICKEN RIDGE RD, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 08/22/2005

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096396 End Date: 02/15/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008322 Served 02/23/2006

Deficiencies Cited Subject Area Subject Area Verified

88.07(3)(e)2 MEDICATION- RECORD OF SIDE EFFECTS

88.10(3)(e) SELF-DIRECTION

Survey ID: 0095358 End Date: 08/08/2005 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History

Date Complaint Received: 12/28/2005 Date Investigation Completed: 02/22/2006

Subject Area(s)ResultSOD #RESIDENT RIGHTSSUBSTANTIATED10008322

RESIDENT BEHAVIOR/FACILITY PRACTICE

NUTRITION & FOOD SERVICES

STAFF TRAINING AND PROFICIENCY

PROGRAM SERVICES

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

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